



## Supervised Visitation Intake Application

Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Children:

Name: _____ Participating in supervised visitation: Y / N DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N Date of most recent interaction: _____ ABSS School System: Y / N
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Vehicle Information

- 1. Type:
- 2. Type:
- 3. Type:

Color:  
Color:  
Color:

License Number:  
License Number:  
License Number:

Name of Other Party: \_\_\_\_\_

Your Relationship to the Other Party Involved:

- Married                       Divorced                       Separated
- Have been in a dating relationship
- Lived together in the past
- Other: \_\_\_\_\_

Referral Information

Source of Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

Legal Information

Case #: \_\_\_\_\_ CvD/JA \_\_\_\_\_ Judge: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney: \_\_\_\_\_ Attorney's Phone #: \_\_\_\_\_

Health Information

Specify any Disabilities/Medical Issues/Food Allergies:

Self: \_\_\_\_\_  
\_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_



Has Child Protective Services (CPS) been involved with your family? Yes/No

Dates Involved: \_\_\_\_\_

Describe the outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If currently involved:

DSS Caseworker: \_\_\_\_\_ Caseworker's Contact Information: \_\_\_\_\_

Check all of the following that apply to your situation:

- There is a restraining order in place: Case # \_\_\_\_\_ CVD \_\_\_\_\_ (Submit Copy)
- The Police have been contacted about any violation(s) of the restraining order.
  - o # of times: \_\_\_\_\_
- There are pending criminal charges against the other party.
  - o Court Date(s): \_\_\_\_\_
  - o Case #: \_\_\_\_\_ CR \_\_\_\_\_
  - o Case #: \_\_\_\_\_ CR \_\_\_\_\_
  - o Charges: \_\_\_\_\_  
\_\_\_\_\_
- I have been convicted of a felony.
  - o Specify: \_\_\_\_\_  
\_\_\_\_\_
- The other party has been convicted of a felony.
  - o Specify: \_\_\_\_\_  
\_\_\_\_\_
- The other party has been **physically** abusive to me.
- The other party has been **sexually** abusive to me.
- The other party has been **emotionally** abusive to me.
- I have been **threatened** with a weapon during a domestic dispute with the other party.
- A deadly weapon has been **used** against me in a domestic dispute with the other party.



My child has **witnessed...** (Check all that Apply):

- Physical abuse
- Sexual abuse
- Emotional abuse
- Did not witness abuse

My child has been abused... (Check all that Apply):

- Physically
- Sexually
- Emotionally
- Has not been abused

Explain past visitation arrangements. \_\_\_\_\_

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Do you have any reservations about participating in the Supervised Visitation Program? Yes/No

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Are there any other issues/concerns in which Family Abuse Services of Alamance County or another organization might be able to assist? \_\_\_\_\_

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When do you ideally see your family no longer needing these Supervised Visitation Services?

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**Scheduling Information** (Closed on Sundays)

List any possible days/times you would be available for visitation: \_\_\_\_\_

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Please include any additional information relevant to your case.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_